

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

Total pages filed:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE Mr FIRST DAVID MI M.  
NICKNAME LAST SUFFIX  
BUCHER

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3223 Howard #40  
SAN ANTONIO TX 78212

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE MRS FIRST KATHLEEN MI "K.C."  
NICKNAME LAST SUFFIX  
TREVIÑO

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1219 Oblate Drive  
San Antonio TX 78214

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
219 824-2390

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☒ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
04 / 28 / 01 THROUGH 07 / 15 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 05 / 01  
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Council District 9

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

DAVID M. BUCHER

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,700.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,474.23

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Notarial Seal  
Earle M. Oberholtzer Jr., Notary Public  
West Norriton Twp., Montgomery County  
My Commission Expires Dec. 26, 2002  
Member, Pennsylvania Association of Notaries

*David M. Bucher*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DAVID M. BUCHER, this the 9<sup>th</sup> day of July, 2001, to certify which, witness my hand and seal of office.

*Earle M. Oberholtzer Jr.*  
Signature of officer administering oath

EARLE M. OBERHOLTZER JR - NOTARY  
Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission filers)

2001 11A 431

4 Date

May  
2,  
2001

5 Full name of contributor

Serna + Serna

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

120 Villita  
SA TX 78205

7 Amount of  
contribution (\$)

300.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

May  
3  
2001

Full name of contributor

Dr Lon Smith

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Parkhill  
SA TX 78212

Amount of  
contribution (\$)

300.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May  
4  
2001

Full name of contributor

Shirley Ehrlich

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

9311 San Pedro Ste 700  
SA TX 78216

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May  
4  
2001

Full name of contributor

IBEW #60

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

7205 S WW White Rd  
SA TX 78222

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May  
4  
2001

Full name of contributor

SAPOA

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1939 N.E Loop 40 #300  
SA TX 78217

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

DAVID M. BUCHER

2001 JUL 13

ACCOUNT # (Ethics Commission filers)

4 Date

May  
4  
2001

5 Payee name

Dr. James Terry PH.D.

6 Payee address; City; State; Zip Code

205 Ogden Lane  
SA TX 782097 Amount  
(\$)

500.00

8 Purpose of payment (See instructions regarding type of information required.)

Rent on property  
for fundraiser.

9 •• Complete if direct expenditure to benefit C/OH ••

Candidate / Officeholder name

Office sought

Office held

Date

May  
4  
2001

Payee name

Election Support Services

Payee address; City; State; Zip Code

4958 Military Drive West  
SA TX 78242Amount  
(\$)

1,674.23

Purpose of payment (See instructions regarding type of information required.)

Mail out

•• Complete if direct expenditure to benefit C/OH ••

Candidate / Officeholder name

Office sought

Office held

Date

May  
5  
2001

Payee name

John A Aguayo

Payee address; City; State; Zip Code

1585 N. Sabinas  
SA TX 78207Amount  
(\$)

300.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign  
+ remove signs

•• Complete if direct expenditure to benefit C/OH ••

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

RECEIVED  
CITY OF SAN ANTONIO  
CLERK

2008-10-11 A 9:37

1 C/OH NAME

David M. BUCKER

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

## A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

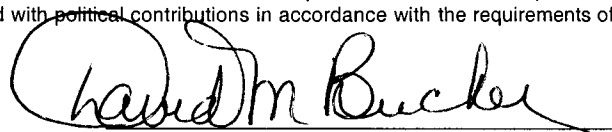
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

## 5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2001 APR 21 A 9

Total pages filed:

579

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE Mr. FIRST DAVID M.  
NICKNAME LAST SUFFIX  
BUCHER

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

3223 Howard #40  
SAN ANTONIO TX 78212

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE MRS FIRST KATHLEEN "K.C." M.  
NICKNAME LAST SUFFIX  
TREVINO

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

1219 OBLATE DRIVE  
SAN ANTONIO TX 78216

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

210 824-2390

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer  
appointment (officeholder only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year

04/06/01

THROUGH

Month Day Year

04/27/01

10 ELECTION

ELECTION DATE

Month Day Year

05/05/01

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

COUNCIL DISTRICT 9

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ ~~0~~2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,025.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ ~~0~~

4. TOTAL POLITICAL EXPENDITURES

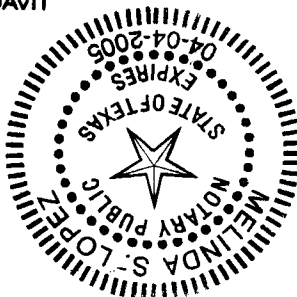
\$ 4,257.42

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ~~0~~

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David M. Bucher  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David M. Bucher, this the 27<sup>th</sup> day of April, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Lopez  
Signature of officer administering oath

Melinda S. Lopez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC/SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1  
4  
RECEIVED  
CITY OF SAN ANTONIO  
CLERK  
2001 APR 21 A 9:57  
3 ACCOUNT # (PAC Commission file)

2 FILER NAME

DAVID M. BUCKNER

4 Date  
APR  
06  
2001

5 Full name of contributor

Robert or Christine Hausser

6 Contributor address; City; State; Zip Code

234 Alta Ave  
SA TX 78209

7 Amount of  
contribution (\$)

75.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
APR  
08  
2001

Full name of contributor

Stephanie Porter-CAVENDER

Contributor address; City; State; Zip Code

201 DEVINE  
SA TX 78212

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
APR  
08  
2001

Full name of contributor

KATHY MENDEZ

Contributor address; City; State; Zip Code

400 Charles Rd  
SA TX 78209

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
APR  
08  
2001

Full name of contributor

DAVID & TRACEY HUNTLEY

Contributor address; City; State; Zip Code

123 PARKLANE DRIVE  
SA TX 78212

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
APR  
13  
2001

Full name of contributor

GEORGE DULLWIG

Contributor address; City; State; Zip Code

106 W. Gramery  
SA TX 78212

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
FOR EDRMS C/OH, C/OH-SS, SC-C/OH,  
PAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:

2 FILER NAME

DAVID M BUCHER

2001 APR 27 A 9:51  
3 ACCOUNT # (Ethics Commission filers)

4 Date

APR  
13  
2001

5 Full name of contributor

Dr &amp; Mrs Thomas Allen

☐ out-of-state PAC (ID#)7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

6 Contributor address: City: State: Zip Code

304 Tomahawk Trail  
SA TX 78232

9 Principal occupation (Optional)

10 Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

Richard Guajardo

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

230 Coyle Place  
SA TX

Principal occupation (Optional)

Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

Alan Brown

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)

200.00

In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

222 Main Plaza  
SA TX 78205

Principal occupation (Optional)

Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

Roy Terracina

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)

1,000.00

In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

#4 Enchanted Wood  
SA TX 78248

Principal occupation (Optional)

Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

Arnold Flores

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

301 S. Frio #480  
SA TX 78207

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS: C/OH, OH-SS, SC-C/OH, SC-SPAC, SPAC-SS)

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

DAVID M BUCHER

3 ACCEPTANCE (Ethics Commission filers)

2001 APR 27 A 9:57

4 Date

APR  
13  
2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

KATHY COINER

6 Contributor address: City: State: Zip Code

2926 W. St Mary's  
SA TX 782127 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

500.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Borrego

Contributor address: City: State: Zip Code

1130 FRESNO  
SA TX 78201Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

500.00

Principal occupation (Optional)

Employer (Optional)

Date

APR  
13  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

FUNDRAISER

Contributor address: City: State: Zip Code

TYCOON Flats  
2926 N. St Mary's SA 78212Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

1,000.00

Principal occupation (Optional)

Employer (Optional)

Date

APR  
17  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

Arnulfo Ortiz

Contributor address: City: State: Zip Code

W. Hildebrand Ave.  
SA TX 78212Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

200.00

Principal occupation (Optional)

Employer (Optional)

Date

APR  
17  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

John &amp; Zeda Courage

Contributor address: City: State: Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

50.00

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2001 APR 27 A 9:57

2 FILER NAME

DAVID M BUCHER

3 ACCOUNT # (Ethics Commission filers)

4 Date

APR  
25  
2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

AFSCME PAC

6 Contributor address; City; State; Zip Code

11625 L ST. N.W.  
WASHINGTON DC 20036

7 Amount of  
contribution (\$)

500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The instruction Guide explains how to complete this form.

1 Total pages Schedule F  
2001 APR 24 9:51

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

DAVID M BUCHER

4 Date

ARR  
09  
2001

5 Payee name

MUNGUIA PRINTERS

7

Amount  
(\$)

1,092.90

6 Payee address;

City; State; Zip Code

2201 BUENA VISTA  
SA TX 78207

8 Purpose of payment (See instructions regarding type of information required.)

Printing Mailer

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

APR  
16  
2001

Payee name

John Aguayo

Payee address;

City; State; Zip Code

1585 N Sabinas  
SA TX 78207Amount  
(\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

APR  
16  
2001

Payee name

John Aguayo

Payee address;

City; State; Zip Code

1585 N Sabinas  
SA TX 78207Amount  
(\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

APR  
23  
2001

Payee name

MUNGUIA PRINTERS

Payee address;

City; State; Zip Code

2201 BUENA VISTA  
SA TX 78207Amount  
(\$)

637.86

Purpose of payment (See instructions regarding type of information required.)

Print MAILER

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2001 APR 27 9:58

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

DAVID M. BUCHER

4 Date

APR  
26  
2001

5 Payee name

MUNGUIA PRINTERS

7 Amount (\$)

452.43

6 Payee address;

City; State; Zip Code

2201 BUENA VISTA  
SA TX 78207

8 Purpose of payment (See instructions regarding type of information required.)

Printing

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

APR  
26  
2001

Payee name

John Aguayo

Amount (\$)

50.00

Payee address;

City; State; Zip Code

1585 N Sabinas  
SA TX 78207

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 APR 21 A 9:58

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

DAVID M BUCHER

4 Date

APR  
23  
2001

5 Payee name

Election Support Services

6 Payee address;

City; State; Zip Code

4958 Military Dr. West  
SA TX 78242

8

Amount  
(\$)

1,674.23

7 Purpose of expenditure (See instructions regarding type of information required.)

MAILER

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address;

City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>Mr DAVID M.</b>		OFFICE USE ONLY
	NICKNAME LAST SUFFIX <b>BUCHER</b>		
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>3223 HOWARD #40 SAN ANTONIO, TX 78212</b>		Date Received
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>Mrs KATHLEEN "K.C."</b>		Receipt # Amount
	NICKNAME LAST SUFFIX <b>TREVINO</b>		Date Processed
			Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>1219 OBLATE DRIVE SAN ANTONIO TX 78216</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(210) 824-2390</b>		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01/01/01    04/05/01</b>		
10 ELECTION	ELECTION DATE Month Day Year <b>05/05/01</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) <b>Council District 9</b>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name _____ Address / PO Box: Apt. / Suite #: City: State: Zip Code _____ <div style="text-align: center;"> <b>RECEIVED</b>  <b>CITY CLERK</b>  <b>SAN ANTONIO</b>  <b>APR 5 - 11:28</b> </div>		



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

DAVID M. BUCHER

15 ACCOUNT # (Ethics Commission file)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

--

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,835.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

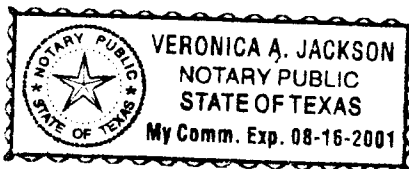
\$

9,757.08

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*David M. Bucher*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David M. Bucher, this the 5th day  
of April, 2001 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6

2 FILER NAME

DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission files)

4 Date

Feb  
22  
2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr + Mrs Gary Stirman

6 Contributor address; City; State; Zip Code

7 Myrtlewood  
SA TX 78218

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

\$1,000.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

FUNDRAISER

Contributor address; City; State; Zip Code

Magic Time Machine  
Frontier Enterprises

Amount of  
contribution (\$)

585.00

In-kind contribution  
description (if applicable)

~~585.00~~

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

Robert A. Borrego III

Contributor address; City; State; Zip Code

359 E Hildebrand  
SA TX 78212

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

David & Wendy Meaden

Contributor address; City; State; Zip Code

309 Wiltshire  
SA TX 78209

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

John or Marsha Shields

Contributor address; City; State; Zip Code

1755 Oakland Bond  
SA TX 78258

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

82-11-5-88-1002

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6

2 FILER NAME DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission filers)

4 Date  
Feb  
22  
2001

5 Full name of contributor ☐ out-of-state PAC (ID#)  
Joseph + Jane Edwards

6 Contributor address; City; State; Zip Code  
13702 Rhodes  
Universal City TX 78148

7 Amount of  
contribution (\$)  
50.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID#)  
Mr + Mrs Thomas Denny  
Contributor address; City; State; Zip Code  
PO Box 6255  
SA TX 78209

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID#)  
James or Jeanette Phinney  
Contributor address; City; State; Zip Code  
366 Springwood  
SA TX 78216

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID#)  
John P. Gallivan  
Contributor address; City; State; Zip Code  
16505 LaCantera #833  
SA TX 78256

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID#)  
Peter or Sarah Conner  
Contributor address; City; State; Zip Code  
8 Galleria  
SA TX 78257

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6

2 FILER NAME

DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb  
22  
2001

5 Full name of contributor

☐ out-of-state PAC (ID#)

Barry Edelman

6 Contributor address; City; State; Zip Code

414 Portland Rd  
SA TX 782167 Amount of  
contribution (\$)

50.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

Keith Kinney

Contributor address; City; State; Zip Code

PO Box 33482  
SA TX 78265Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

James or Kathleen Viesca

Contributor address; City; State; Zip Code

3018 N. Flores  
SA TX 78212Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

Cecilio Rodriguez

Contributor address; City; State; Zip Code

144 E Gramercy  
SA TX 78212Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Feb  
22  
2001

Full name of contributor

☐ out-of-state PAC (ID#)

George or Kathy Mendez

Contributor address; City; State; Zip Code

1250 N. E Loop 410  
SA TX 78209Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **6**

2 FILER NAME

**DAVID M. BUCHER**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**Feb  
22  
2001**

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Javier or Pearl Gutierrez**

6 Contributor address: City: State: Zip Code

**12514 Elm Manor  
SA TX 78230**

7 Amount of  
contribution (\$)

**100.00**

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**Feb  
22  
2001**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Joseph Johnson or Karen Diaz**

Contributor address: City: State: Zip Code

**13668 Treasure Trail  
SA TX 78232**

Amount of  
contribution (\$)

**100.00**

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**Feb  
22  
2001**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Tim L Brown**

Contributor address: City: State: Zip Code

**126 Camellia Way  
SA TX 78209**

Amount of  
contribution (\$)

**100.00**

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**Feb  
22  
2001**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Ben or Teresa McCaleb**

Contributor address: City: State: Zip Code

**841 Wiltshire  
SA TX 78209**

Amount of  
contribution (\$)

**100.00**

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**Feb  
22  
2001**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**Bruce Smiley**

Contributor address: City: State: Zip Code

**7800 Jones Mattsberger  
SA TX 78216**

Amount of  
contribution (\$)

**500.00**

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

2001 APR - 5 A 11:28

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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CITY OF SAN ANTONIO  
OFFICE OF THE CLERK

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6

2 FILER NAME DAVID M. BUKHER

3 ACCOUNT # (Ethics Commission filers)

4 Date  
Feb  
22  
2001

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Paula J. Miller

6 Contributor address: City: State: Zip Code  
PO Box 839925  
SA TX 78283

7 Amount of  
contribution (\$)  
500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Michael Davila  
Contributor address: City: State: Zip Code  
240 Corona  
SA TX 78209

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Feb  
22  
2001

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
J. Marvin Smith  
Contributor address: City: State: Zip Code  
204 Zambrano  
SA TX 78209

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Mar  
15  
2001

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
SAPDA PAC  
Contributor address: City: State: Zip Code  
1939 N.E Loop 40 #300  
SA TX 78217

Amount of  
contribution (\$)  
5000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
Apr  
1  
2001

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
SA Firefighters PAC  
Contributor address: City: State: Zip Code  
8925 West IH 10  
SA TX 78230

Amount of  
contribution (\$)  
1000.00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

2001 APR - 5 A 11:28

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If contributor is out-of-state PAC, please see instruction page for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1

6

2 FILER NAME

DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission filers)

4 Date

APR  
2  
2001

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mr + Mrs Jerome Harris

6 Contributor address: City: State: Zip Code

614 Mirepoix  
SA TX 782327 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)\$  
1,000.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

2001 APR 5 - 11:28

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state, attach instruction guide for additional reporting requirements.

RECEIVED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME

DAVID M. BUCHER

3 ACCOUNT # (Ethics Commission filers)

4 Date

Feb  
2  
2001

5 Payee name

Easy Drive

6 Payee address; City; State; Zip Code

7 Amount (\$)

152.64

8 Purpose of payment (See instructions regarding type of information required.)

Purchase wooden stakes

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Feb  
5  
2001

Payee name

Allied Advertising

Payee address; City; State; Zip Code

1700 Blanco Rd  
SA TX 78212

Amount (\$)

1,107.46

Purpose of payment (See instructions regarding type of information required.)

Signs

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Feb  
10  
2001

Payee name

John Aguayo

Payee address; City; State; Zip Code

1585 N. Sabinas  
SA TX 78207

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Manager

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Feb  
16  
2001

Payee name

Mungua Printers

Payee address; City; State; Zip Code

2201 Buena Vista  
SA TX 78207

Amount (\$)

175.00

Purpose of payment (See instructions regarding type of information required.)

Push cards

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Feb  
20  
2001City of S.A.  
City: State: Zip Code

6 Payee address; City: State: Zip Code

City Hall  
SA TX

100.00

8 Purpose of payment (See instructions regarding type of information required.)

filing fee

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Feb  
25  
2001John Aguayo  
Payee address; City: State: Zip Code  
1585 N. Sabinas  
SA TX 78207

150.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Feb  
26  
2001Mungua Printers  
Payee address; City: State: Zip Code  
2201 Buena Vista  
SA TX 78207

369.08

Purpose of payment (See instructions regarding type of information required.)

Postcards

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Mar  
3  
2001John Aguayo  
Payee address; City: State: Zip Code  
1585 N. Sabinas  
SA TX 78207

250.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign  
RECEIVED  
CITY OF SAN ANTONIO  
CLERK  
APR 5 - 8 20019 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED





## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

Mar  
7  
2001

John Aguayo

6 Payee address; City; State; Zip Code

1585 N. Sabinas  
SA TX 78207

50.00

8 Purpose of payment (See instructions regarding type of information required.)

Petty cash

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Mar  
8  
2001

Mungua Printers

Payee address; City; State; Zip Code

2201 Buena Vista  
SA TX 78207

555.85

Purpose of payment (See instructions regarding type of information required.)

E-Day Mailer

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Mar  
9  
2001

Mungua Printers

Payee address; City; State; Zip Code

2201 Buena Vista  
SA TX 78207

1308.45

Purpose of payment (See instructions regarding type of information required.)

Mailer

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Mar  
16  
2001

John Aguayo

Payee address; City; State; Zip Code

1585 N. Sabinas  
SA TX 78207

200.00

Purpose of payment (See instructions regarding type of information required.)

Manage Campaign

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
2001 APR -5 A 11:28

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date Mar 22 2001	5 Payee name John Aguayo 6 Payee address: 1585 N. Sabinas SA TX 78207	7 Amount (\$) 50.00
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8 Purpose of payment (See instructions regarding type of information required.) Sign supplies nails etc.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date Mar 24 2001	Payee name Allied Advertising Payee address: 1700 Blanco Rd SA TX 78242	Amount (\$) 158.58
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Purpose of payment (See instructions regarding type of information required.) lapel badges	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date Mar 26 2001	Payee name Election Support Services Payee address: Military Dr. West SA TX	Amount (\$) 4780.02
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Purpose of payment (See instructions regarding type of information required.) Mail out	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date Mar 27 2001	Payee name John Aguayo Payee address: 1585 N. Sabinas SA TX 78207	Amount (\$) 150.00
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Purpose of payment (See instructions regarding type of information required.) Manage Campaign	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED